

**KMAP GENERAL BULLETIN 20220**

## Annual Attestation Requirement

Provider or provider entities receiving payments in any federal fiscal year (October 1 to September 30) of at least \$5 million from the Kansas Medical Assistance Program (KMAP) and KanCare managed care organizations (MCOs) are subject to the provisions contained within Section 6032 of the Deficit Reduction Act of 2005 (Pub. L.109-171). This section mandates any provider or provider entity receiving payments, in any federal fiscal year, of at least \$5 million from any state Medicaid program must have written policies for all employees, including management, and for all employees of any contractor or agent, with detailed information about the following:

- The Federal False Claims Act under title 31 of the United States Code, sections 3729 through 3733
- Administrative remedies for false claims and statements under title 31 of the United States Code, chapter 38
- Any Kansas laws pertaining to Medicaid fraud and abuse and civil or criminal penalties for false claims and statements including, but not limited to, KSA 21-3844 et seq, KSA 21-3805, and KSA 53-601
- Whistleblower protections under such laws
- The provider or provider entity's policies and procedures for detecting and preventing fraud, waste, and abuse

The definition of a provider "entity" was established by the Centers for Medicare and Medicaid Services (CMS) in [a letter](#) dated December 13, 2006, to all state Medicaid directors.

Providers meeting the definition are required to sign an Attestation of Compliance annually. The attestation for those meeting the definition during federal fiscal year 2020 must be completed and faxed to the Kansas Department of Health and Environment, Division of Health Care Finance (KDHE-DHCF). The official deadline is January 1, 2021. The [attestation](#) form is available under the Provider Information heading on the [Forms](#) page of the KMAP website. In addition, provider entities must provide documentation of their compliance upon request of the fiscal agent, contractor, or state agency.

Refer to [General Bulletin 797](#) for complete details.

**KMAP**

[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

**Customer Service**

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.  
Monday - Friday